



Volume 25, Issue 1 | Spring 2005

## PAC Is Back!

AADAC's Professional Addictions Conference 2005

**PAC 2005**  
Professional Addictions Conference

From June 1 to 3 of this year, more than 500 professionals with an interest in addictions will gather in Edmonton for a three-day conference. PAC is AADAC's Professional Addictions Conference, which met with rave reviews at its sold-out inception in 2000. PAC's return in 2005, on the theme **Insight Into Addiction**, features an expanded agenda, touching on many aspects of substance and process addictions: prevention, treatment, physiology, addictions in the workplace, and the activities and substances of addiction themselves.

In addition to over 70 concurrent sessions, the conference will feature a number of fascinating keynote speakers, four of whom will also contribute to the concurrent sessions. (See "PAC 2005 Presentations" below for a list of keynote addresses and concurrent sessions.) This issue of *Developments* highlights these featured speakers, all recognized leaders in the field of addictions: Anna White, Ken Minkoff, MD, H. Lee Gillis, PhD, Paul Roman, PhD, and Scott D. Miller, PhD.

## Anna White

*As a Fulbright Fellow in Senegal, Anna White researched the marketing strategies of transnational tobacco companies. Upon her return, she joined Global Partnerships for Tobacco Control, a program launched by Essential Action, based in Washington, D.C.*

**AADAC:** What are some projects Global Partnerships is working on right now?

**White:** [We] support and strengthen international tobacco control at the grassroots level by linking groups in the U.S. and Canada that are working in tobacco control with groups in Asia, Africa, Latin America and Eastern and Central Europe.

The idea is the latter are regions of the world where the tobacco industry is the most aggressively expanding. As stronger tobacco control regulations go into effect in the U.S. and Canada and countries in Europe, the tobacco companies are seeking to make up profits abroad. So we set up partnerships, and we facilitate these cross-border partnerships.

Our organizations will promote collective action, so if there is some issue we think has international relevance we encourage all the groups in the network to participate and campaign around that. A group in Africa may come to us and say, "This is what [a tobacco conglomerate] is doing here. They are using Hollywood movies to promote their Rockmans cigarettes. Can

you work with us to do some sort of global campaign around it and stop it?"

**AADAC:** You probably experienced that first-hand when you were in Senegal.

**White:** I went to Senegal in a study abroad program. I was just appalled by the level of tobacco advertising [and] was particularly incensed by how they portrayed cigarettes and smoking as the American thing to do. That was what got me into the issue. When I graduated from college I went back to Senegal on a grant specifically to document in more detail how the tobacco industry was marketing its products.

**AADAC:** What do you think will be the most valuable thing participants will come away with after your presentation at PAC?

**White:** I think the number one general thing is that the tobacco industry really operates across borders. Ultimately, it's a global problem and the solution needs to be global as well. Canada has passed some great tobacco control legislation but that means we often need to do those things in other countries.

Interview by Roszan Holmen

## Kenneth Minkoff, MD

*Kenneth Minkoff, MD, is a community psychiatrist and a leading expert on the integrated treatment of individuals with co-occurring mental health and substance disorders. Based on the idea that people with co-occurring disorders are a high-prevalence, poor outcome population, Dr. Minkoff developed an interest in the design of service systems to meet their varied needs. In 2000, he began consulting and training in this area full-time, and co-developed a tool kit for implementation, aimed at facilities with scarce resources.*

**Minkoff:** What we actually do in service systems is help them to formalize the expectation that people with co-occurring disorders are going to be there, and not only do you have to deal with them, you have to welcome them into care. Everyone has to know how to do integrated treatment within the context of their job description, scope or practice.

We also work administratively, based on the idea that the system needs to start by actually identifying the population through routine processes of screening and using the data to do service planning throughout the delivery system.

**AADAC:** You are known for valuing hope as an element of recovery. How can we instill hope in people with co-occurring disorders?

**Minkoff:** One of the things that reinforce people feeling like failures is when the system treats them like misfits and gets down on them because they are not immediately successful in the way that we would like them to be. I teach people to approach with empathy and then I teach them how to inspire hope-and that's a four-step process.

The first step involves having the courage as a clinician to engage with the reality of the person's despair. The second is to acknowledge the legitimacy and severity of their problems. The third is to create meaningful and attainable measures of success. And fourth is

to create a vision of a hopeful outcome even for people with the most severe impairments, which basically says that our goal for you is to recognize what we already know, but you never knew or have forgotten, which is that you already are a worthwhile human being.

**AADAC:** What is the most valuable thing your attendees will get out of your presentation?

**Minkoff:** They will learn about how to engage people with co-occurring disorders in treatment relationships, and [how to] convey empathy and hope. Everyone is going to have a sense of how they can do integrated treatment: they're going to learn some very practical approaches that they can apply immediately in the context of the work they are currently doing, no matter what setting they actually work in.

Interview by Roszan Holmen

## H. L. "Lee" Gillis, PhD

*Working at the Georgia College & State University, Dr. Lee Gillis is a licensed psychologist and professor of psychology with a sense of adventure. With a background in adventure-based therapy, he now works with treatment facility staff, helping them to come up with new activities and adapting current activities to various treatment goals. At PAC, he will be challenging the group on ways of using metaphors in activity and making them meaningful in a broader context. While he describes his work as being a lot of fun, he also insists that the therapy itself must be based on a principle of fun.*

**Gillis:** People need to be able to have some fun with it, and when you can wrap some trust and problem solving and communicating with that blanket of fun, then people will want to come back.

**AADAC:** What got you interested in this field?

**Gillis:** I grew up in summer camp. When I was in university, I had the opportunity to do a wilderness leadership course. I went from that experience into an internship as part of the university in a regional mental health hospital. One of the psychologists there was taking kids out rock climbing. I got to go with him [and] I saw this change happen when the kids got on this rock. Something happened, and that's been my quest for all these years. To understand it clinically; to understand it experimentally.

**AADAC:** You said that you saw a change happening during the adventure. Do you find that they are able to take these lessons back home with them?

**Gillis:** That continues to be the challenge: taking it home and applying it contextually in your school and in your home. The success of the activity requires the person, or the group, or the family, to do something different. Because if they're doing the same thing over and over, they're just going to get the same result. If you can set up an activity that makes them think, or see other possibilities, then you can help extrapolate how they can do these other things back home.

**AADAC:** Would you say that experiential learning is an independent therapy technique, or does it require other techniques in conjunction?

**Gillis:** I can argue both. Many of my colleagues trained in mental health say that this is a technique in addition to their theoretical base. I really see adventure as much as an approach in itself. In doing the activity, you come up with various insights. What's happening in your life becomes more apparent. People can make those connections, and also really see the change: not only hear the change, but they can do the change. That to me is where it is more holistic than just a traditional talk therapy.

Interview by Roszan Holmen

## Paul Roman, PhD

*Dr. Paul Roman is Distinguished Research Professor at the University of Georgia, where he studies the organization and management of substance abuse treatment. He has also written about the opportunities presented by the workplace as a site for primary care intervention.*

**AADAC:** What kind of projects are you involved in currently?

**Roman:** I'm trying to get a project off the ground that really creates a profile of what is underway across the United States in terms of effective substance abuse programming in the workplace. One of the big problems in the States is that we just don't have good research data, and I think that you [Canadians] are ahead of us on this score. The organizations that support research have not been interested in using the workplace as a venue for identifying and dealing with alcohol and drug problems in a constructive way.

I think the employed substance abuser in the United States—whether he or she is using a substance for recreational purposes or whether they have a true dependence problem—I think the likelihood of them being fired is very high. The likelihood that they're offered help is very low and the likelihood that they are offered good help is even lower.

The big emphasis in the States has been on drug testing, which in many ways works against the principles of constructive approaches to helping people who have alcohol and drug problems.

**AADAC:** In what ways do you feel that drug testing is counterproductive to the principles of treatment?

**Roman:** Drug testing tends to exclude and stigmatize people. I think, in many cases, people just end up falling through the cracks and out of the employment system altogether. [They] end up being a much bigger burden on society [than] people who are drug dependent, because they don't have the structure of a job in their lives.

**AADAC:** What do you want your participants to gain from your presentation at PAC?

**Roman:** My expertise will serve best if I focus on things that I know about pretty well, which is the situation [in the workplace] in the States. What I want people to come away with is a solid description of how attention to substance abuse has deteriorated in the States, and the factors that have led to that, so that they can see that as a warning. Lots of things are shared between our two cultures and I think that Canada may be at risk for having its attention to substance abuse deteriorate as well if some of these other trends that have caused these developments

in the States would also occur in Canada.

I'll be excited to learn from the audience and from other presenters to what extent there really is a solid emphasis on substance abuse within the workplace in Alberta.

Interview by Roszan Holmen

## Scott D. Miller, PhD

*Scott D. Miller, PhD, is a therapist and co-founder of the Institute for the Study of Therapeutic Change. His main message, which he delivers to audiences in workshops across the United States, Canada and abroad, is to focus on outcomes in treatment, and to use those outcomes to inform treatment.*

**AADAC:** Is there a way to sum up what works in therapy?

**Miller:** I think there is. The research indicates that professionals put a great deal of confidence in techniques and models and approaches to treatment when in fact the research basically says that how a therapist works accounts for very little, if any, of the variance in treatment outcomes.

What we've asked, if it's not [these factors], then what is it? Client or extra-therapeutic factors probably account for about 40 to 87 per cent of the variance in outcome, where treatment accounts for about 13 per cent of any outcome. Within that 13 per cent, the lion's share of the variance in treatment effects is mediated by the alliance, or the relationship [to the therapist] particularly from the client's perspective.

What we need to do is to help therapists get connected to their clients. So our work is basically on feeding back to the therapist, on a real-time, regular basis, whether the client feels aligned with them and their strategy. If the therapist has access to alliance and outcome data, and then uses it to inform treatment process, you end up with as much as a 65 per cent improvement in the base-rates outcome.

**AADAC:** Do you see any emerging trends in the field of addictions treatment?

**Miller:** I think there are two really big trends in the field right now. One is towards evidence-based practice, which to me at least, is a little funny. Evidence-based practice says that the way to improve treatment outcomes is to find out from clients whether or not what their therapist is doing is good for them, and whether or not it makes any difference in their lives. What we're doing is called practice-based evidence. So we're turning this stuff on its head and saying, therapists don't need to be told what to do. They need to be told by their clients when and how to do it. And when you do that, you end up with these improvements in outcome.

I'm very excited about substance abuse in terms of treatment. I think it's a field on the cutting edge right now. While mental health is dying a slow death in terms of innovation, substance abuse professionals are on their toes, ready for innovations.

Interview by Roszan Holmen

# PAC 2005 Presentations

The following is a complete list of PAC 2005 keynote presentations and concurrent sessions as of April 7, 2005. For more information, including full conference schedules and convenient online registration, please visit AADAC's PAC 2005 website.

## KEYNOTE PRESENTATIONS

### **Experiential Learning: Counselling Approach or Adjunct to Counselling Modalities?**

*Dr. Lee Gillis*

### **Opportunities and Challenges for Addressing Substance Abuse and Addiction in the Workplace: Lessons From the U.S.**

*Dr. Paul Roman*

### **Service Challenges of Concurrent Disorders: Systems, Therapists, Clients**

*Dr. Ken Minkoff*

### **Tobacco Industry Tactics on the Global Stage**

*Anna White*

### **What Works? Lessons From 40 Years of Research**

*Dr. Scott Miller*

## CONCURRENT SESSIONS

### **AADAC Youth Advisory Council**

*Brian Luhoway, AADAC Youth Services*

Meet AADAC's Youth Advisory Council, an innovative group of youth and youth mentors from across Alberta. Council members will describe who they are, what they do, and their experiences and thoughts. This youth-led presentation will demonstrate that the most effective way to engage youth is to involve youth.

### **Addiction Programming From a Backpack: Developing an Outreach Counselling and Prevention Program**

*Thomas Mountain, AADAC Youth Services*

AADAC began offering Mobile Services in 2000 in response to recommendations from the Premier's Task Force on Children at Risk and The Alberta Children's Forum. This workshop will focus on the experiences and knowledge gained in an urban outreach program, as well as opportunities and challenges in treatment and prevention.

### **Adult Stimulant Use: An Early Recovery Approach**

*Burton Leroy, AADAC Adult Counselling and Prevention Services*

An AADAC addictions counsellor will outline a research-based approach to helping clients who use stimulants maintain abstinence in early recovery. The approach is based on the "automatic process" described by the Matrix Institute.

### **The Advantages of Full Assessments by Addiction Medicine Professionals**

*Dr. Ian Forster, LifeMark Health Institute*

There are significant advantages to workplaces of a full assessment by an Addiction Medicine Professional, including biochemical testing, monitoring programs for the workplace, most appropriate treatment referral, and diagnosing and assessing concomitant illnesses. This session will describe how the physician and workplace can best work together.

### **Alberta Drug Strategy: Working Together to Prevent & Reduce Drug Related Harm (Forum)**

*Jill Mitchell, AADAC*

This session will provide highlights of key developments and work to date on the Alberta Drug Strategy. The next steps will be outlined, and participants will have an opportunity to respond to and shape the strategy through dialogue.

### **Assessing and Responding to Workplace Requests**

*David Nesbitt, Manager, AADAC Business & Industry Clinic*

The AADAC Business & Industry Clinic has developed a system that categorizes workplace requests based on an assessment of specific characteristics, and facilitates an appropriate response. Participants in this session will learn about this system and how it can help clinicians and other practitioners in the field respond to workplace requests for information and services.

### **Best Practices in the Promotion of Health: The Use of a Comprehensive Outcome Measurement System in a Community-Based Crisis Agency**

*Suzanne Rosebrugh and Natalie Young, Distress Centre Calgary*

In response to increased demand for accountability in service delivery, The Distress Centre has focused on developing a comprehensive outcome measurement system for all of its programs. This presentation will review highlights and lessons learned during the two-year process of designing and implementing this system.

### **Best Practices: Substance Abuse Treatment and Rehabilitation**

*Sandra Bloxham, AADAC Adult Counselling and Prevention Services*

Research and best practice literature indicate that problem-solving skill development is a valuable part of substance abuse treatment and recovery. This presentation will outline an experiential workshop that allows clients to practice a simple five-step problem-solving strategy that may give them the basis for developing lasting coping skills.

### **Best Practices: Treatment and Rehabilitation for Women With Substance Use Problems**

*Sandra Bloxham, AADAC Adult Counselling and Prevention Services*

In 2004, AADAC's Adult Counselling and Prevention Services in Edmonton set a goal to enhance the female-specific content of the intensive day treatment program. This session will describe how staff developed a unique women-centred health workshop.

### **Capacity Building & Bylaw Development**

*Stacey Johnson, AADAC Tobacco Reduction and Problem Gambling Unit*

Business support of tobacco reduction measures is crucial because employers influence the lives of their workers and their communities. In this session, participants will learn about the health and economic costs of tobacco use in Alberta, and how employers can contribute to the health of both their workers and their bottom line by adopting policies and programs that support tobacco control and prevention.

### **Clinical Outcomes of Residential Treatment for Tobacco Cessation Among Adults With Co-addictions to Alcohol and Other Drugs**

*Heather MacDonald, Allison McKinnon and Linda Lovett, AADAC Tobacco Research*  
AADAC's Henwood Treatment Centre offers voluntary participation in a tobacco cessation program (TCP) to clients in their 19-day residential alcohol and drug treatment program. This session reports the results of an evaluation of the TCP.

### **Collaboration, Commitment and Community: Effective Substance Abuse Prevention Strategies for Schools**

*Chris Windle, AADAC Lethbridge Area Office*

This session will highlight ways to engage schools in creating effective substance abuse prevention strategies. Through discussion, practical examples and tools, participants will explore how to bring community stakeholders together to support a multi-layered approach involving students, teachers, parents, administrators and other community partners.

### **Connecting the Dots: Community Efforts With Dually Diagnosed Adolescents**

*Peter Baylis, Calgary Health Region Mental Health, and Spencer Schneider, AADAC Canmore Area Office*

This presentation offers an introduction to a community-based consultation group that treats dually diagnosed adolescents. Also discussed are developmental and neurological considerations and the challenges of working with these youth.

### **Delivering Culturally Competent Treatment for Problem Gambling**

*Janine Robinson, Centre for Addiction and Mental Health*

While some of the issues presented by clients with gambling problems are universal, all are filtered through the lens of culture. This presentation will help participants to understand the role of culture as it applies to gambling and problem gambling, and to learn about intervention approaches that are adaptable to cultural styles.

### **Drug Strategy: Local Collaboration, National Perspective**

*Mike Boyd, Canadian Centre on Substance Abuse*

Reducing or preventing drug-related harm is complex and requires integrated, multi-sector approaches to problem solving. This presentation encourages local collaboration while thinking nationally, and works toward win-win solutions by avoiding successes that undermine other initiatives.

### **Effective Addictions Counselling—Do's and Don'ts**

*Dr. Scott Miller*

Much has been researched and written about effectiveness in treatment, often about models, with little resolved. By exploring "how you use yourself," this session offers expert, useable direction to counsellors for increasing their effectiveness with clients who have alcohol and other drug problems.

### **Emerging Developments on Gender-Specific Approaches to the Treatment of Women With Substance Use Problems**

*Nancy Poole, BC Women's Hospital and the BC Centre of Excellence for Women's Health*  
This session will discuss research, policy and practice relating to three themes concerning women who have substance use problems: treating those who also have trauma-related or mental-health problems; integrating treatment for tobacco use; and improving access for pregnant women and mothers.

### **Empowerment Plus®: An Innovative, Cost-Effective, Integrated Approach to the**

**Diagnosis and Treatment of AD/HD and Addictions in Children and Adults***Dr. Teeya Scholten, Chartered Psychologist*

Empowerment Plus is an innovative approach to psychological service delivery for people with AD/HD. In this presentation, the model's founder will outline the Empowerment Plus approach, review the results of a recent retrospective study, present easy-to-use assessment tools, and discuss implications for using this approach in addictions treatment.

**Experiential Learning in the Office***Dr. Lee Gillis*

Experiential learning is often associated with outward bound activities. But all of us, including clients of all ages, can benefit from the fun, easy, low-cost experiential techniques presented in this session. We don't just learn skills by doing; we learn about ourselves.

**Exploring the Many Sides of Work Addiction***Colleen Hillock and Mary Crozier, Medicine Hat College Addictions Counselling Program*

Process addictions include compulsive behaviours such as gambling, sexual obsessions and workaholism-behaviours that share many characteristics with substance addictions. This presentation will blend accepted research with emerging literature to help participants better understand the nuances of process addictions and their influence on substance addictions.

**Exploring the "Third Way" in the Management of Addiction***Dr. Nady El-Guebaly, University of Calgary*

Debate about the future of health care in Canada is polarized due to concerns about health care delivery in the U.S. In this presentation, the Founding President of the International Society of Addiction Medicine will discuss his experiences in some 35 countries, highlighting their approaches as a third alternative in the management of addiction.

**Family Centred Addiction Treatment***John Scholten, AADAC Youth Services*

Addictive behaviour is not an individual issue; family members are also seriously affected. This session will explain some of the reasons that family-centred treatment has become the "gold standard" of addiction treatment, and why family involvement needs to permeate all aspects of treatment program delivery.

**Gender, Addiction and Rurality: Women Living With Addictions in Rural Nova Scotia***Shaughney Aston, University of South Australia*

To date, the experiences of women with addictions living in rural communities have not been fully investigated in scholarly research. This presentation will examine the relationships between gender, addiction and rurality as illustrated by early findings from a study of women living with addictions in rural western Nova Scotia.

**Group Work With Addicted Survivors of Childhood Sexual Abuse***Lyn Smedstad, Canadian Mental Health Association, and Cathy Mayhew*

Lyn Smedstad and Cathy Mayhew matched women who were addicted sexual abuse survivors to appropriate interventions to deal with the issues of addiction and a history of sexual abuse simultaneously. This session will report their results and generate discussion of meeting the needs of this population.

**Highlights From the 2004 Canadian Addiction Survey (CAS): Alcohol and Drug Use in Canada and Alberta**

*Ed Sawka, AADAC National Research Co-ordination, Kathy Huebert, Christie Malcolm, and Gordon Munro, AADAC Research Services*

This presentation will help participants understand the current state of substance use in Canada and Alberta. It will highlight the results of the recent CAS and include Alberta-specific results compiled by AADAC.

### **Highlights From The Alberta Youth Experience Survey 2002 (TAYES): Gambling Behaviour of Alberta Youth**

*Gordon Munro and Colette Fluet-Howrish, AADAC Research Services*

AADAC researchers will describe gambling behaviour in Alberta based on AADAC's 2002 province-wide survey of 3,200 youth from grades 7 to 12.

### **Home Detox**

*Cindy Caragata, VON Alberta South*

Victorian Order of Nurses (VON) Alberta South is in its fifth year of providing home detox services to clients in the community of Medicine Hat and the surrounding area. This presentation will outline the goals, admission requirements and practices of this community-based program.

### **Intensive Treatment for Youth With Substance Abuse**

*Cathy Brough, AADAC Youth Services*

This presentation will showcase AADAC's intensive youth treatment program, and how its content and processes meet the unique needs of youth. Case examples will illuminate challenges faced and solutions found by teens, supports and counsellors, and group experiential exercises for treatment will be demonstrated.

### **Lessons From the Field: Building Physician and Other Health Professional Capacity for Tobacco Reduction**

*Linda Barrett and Barb Olsen, David Thompson Health Region*

This presentation reports study findings and subsequent lessons from the field as revealed in the D-TRIPW (Doctors and Tobacco Reduction in Pregnant Women) Project funded by AADAC.

### **Lifestyle Marketing and Tobacco Promotion to Young Adults**

*Larisa Hausmanis*

The tobacco industry is backed by some of the world's most sophisticated marketing and advertising execs who know exactly what drives youth, particularly with respect to entertainment. This session will reveal how the industry tries to promote their product to young Canadian adults, and discuss counter-marketing measures aimed at educating and aggregating youth, government and mass media.

### **Linking and Listening: AADAC Enhanced Services for Women (ESW)**

*Donna Chovanec, University of Alberta, and Michele Watkins, AADAC Research Services*

In 2004-2005, AADAC conducted qualitative research on the short-term outcomes of clients involved in AADAC Enhanced Services for Women (ESW). In presenting findings and practical implications from this research, the presenters will demonstrate how ESW is playing an instrumental role in helping women achieve positive outcomes.

### **Managing Safety Sensitive Workers With Substance Disorders (Part 1)**

*Dr. Ray Baker, HealthQuest Occupational Health Corp.*

Employers have struggled to balance the responsibility to maintain safe workplaces and manage employee performance with the need to respect employees' right to privacy. This session will focus on effective workplace policies on substance use and related issues for safety-sensitive workers.

### **Managing Safety Sensitive Workers With Substance Disorders (Part 2)**

*Dr. Ray Baker, HealthQuest Occupational Health Corp.*

Employers have struggled to balance the responsibility to maintain safe workplaces and manage employee performance with the need to respect employees' right to privacy. This session will focus on effective workplace policies on substance use and related issues for safety-sensitive workers.

### **Mental Health and Addictions Services in a Primary Health Care Centre**

*Bev Carle, Mental Health & Addictions Team, Northeast Community Health Centre*

The Northeast Community Health Centre focuses its primary health-care service delivery on underserved and socially at-risk populations. In this session, the centre's mental health and addictions team will describe the development and implementation of an integrated services model in operation since the centre opened in 1999.

### **Mental Health and Partnerships: Two Sessions**

#### **Making Mental Health Matter**

*Kathy Landry, Manager, AADAC Northern Addictions Centre*

In response to joint committee work with the Alberta Mental Health Board, AADAC undertook the Concurrent Disorders Initiative to build the capacity of staff to help clients who have addictions and mental health issues. This session will review the progress of this initiative from inception to delivery of specific resources.

#### **Developing Partnership in Managing Concurrent Disorders**

*Bill Bell, Director, AADAC Residential Services, Darlene Gartner, Project Co-ordinator, Concurrent Disorders, AADAC Residential Services*

Have you wondered how you can help people who have complex problems like concurrent addictions and mental health issues? In this session you will learn how addictions and mental health professionals, physicians, and clients united to share their collective wisdom with a view to enhancing service delivery across Alberta.

### **Motivational Interviewing In Workplace Substance Abuse Intervention**

*Paul Burke, Paul Burke Training and Consulting Group*

Intervention skill training for workplace substance abuse has tended to focus on confrontational methods, but many employers have been uncomfortable with using such intense interventions with employees whose performance issues do not warrant a crisis response. In this session, motivational interviewing will be examined as a potential way to help employees before the "bigger guns" become necessary.

### **New Ideas Create New Action**

*Kathleen Donovan, University of Regina Faculty of Social Work*

This session looks at trend theory, which states that problem drug use clusters in areas marked by disadvantage. It discusses the concept of drug use as "career," offering the benefits normally associated with paid employment.

**New Jersey Higher Education Consortium Initiative to Combat Party Drugs***Pamela M. Negro*

This session will describe a campaign to reduce use of ecstasy on college campuses in New Jersey, offering ideas and tools for designing, implementing and evaluating statewide prevention programs aimed at colleges and universities.

**Old Drug—New Drug: Alcohol and Crystal Meth Re-examined***Dr. David Cook, University of Alberta*

Crystal methamphetamine hits the media daily with accounts of the young lives it has ruined. Alcohol, the drug of choice of most adult Canadians and addictions clients, has become the invisible substance. This presentation examines the pharmacology, risks and implications for recovery of these substances, which are often used cyclically by some addicted persons.

**Older Adults: Your Clients of the Present and the Future***Charmaine Spencer, Simon Fraser University*

The heavy focus on youth in much of addictions work has tended to make older adults an invisible demographic, even as Canada's population rapidly grows older. This presentation will profile the old and new "senior" client, and provide keys for working effectively with older adults.

**Our Creative Capacity: Gaining Insight Into Addiction***Kristin Boettger, AADAC Youth Services*

Creativity is a potentially powerful gift that addictions counsellors can awaken both in themselves and in their clients. In this session, participants will hear about specific art therapy interventions used with adolescent clients and their families in treatment, and learn practical tools to apply to addictions work.

**People With FASD Experiencing Addictions Issues in the Workplace***Audrey McFarlane, Executive Director, Lakeland Centre for FASD*

This session will focus on information and strategies that will help addictions counsellors in working with people with FASD who are struggling with addictions issues in the workplace. An information booklet entitled Employability: Living With FASD will be made available to a limited number of attendees.

**Prevention Is Everybody's Business***Barb Davis, Director, AADAC District and Youth Services, Eldon Coward, AADAC South District Manager, Darlene Gartner, Project Co-ordinator, AADAC Residential Services*

AADAC's Prevention Strategy comprises three primary and interrelated areas: family, school and community. Within each area, specific targets and implementation strategies build on existing AADAC frameworks, best practices and current initiatives. This session will describe the extensive collaboration and consultation process that went into developing this made-in-Alberta strategy.

**The Prevention Story Research***Z'Anne Harvey-Jansen, AADAC Youth Services*

In 2003-2004, AADAC researchers talked in depth with 24 youth and adults who have used AADAC's prevention services. The Prevention Story research shows that AADAC and its partners have made a difference for these families and their communities. Hear their stories, reflect on prevention stories unfolding in your own communities, and share how you too are making a difference.

**The Problem Gambling Foundation: A Public Health Approach to Problem Gambling***Cynthia Orme, The Problem Gambling Foundation*

This session will introduce participants to the history and aims of The Problem Gambling Foundation, with an emphasis on the foundation's expanded focus on public health, harm reduction and community projects in addition to individual counselling.

**The Role of Social Responsibility Management in the Alberta Gaming Policy and Regulatory Framework***Kent Verlik, Alberta Gaming & Liquor Commission and Lloyd Carr, Senior Manager, AADAC Tobacco Reduction and Problem Gambling*

What do "social responsibility" and "responsible gaming" mean in the context of Canadian gaming policy and regulation? This presentation will outline the mission and role of the AGLC's Social Responsibility division, discuss existing responsible gaming policies and programs, and introduce a proposed prevention model and Social Responsibility Framework for Gaming in Alberta.

**A Selection of Workplace Topics: Prevention to Testing and Some in Between***Dr. Paul Roman*

In this interactive, audience-driven presentation, keynote speaker Dr. Paul Roman will discuss the workplace-related issues that matter most to participants. Topics may include workplace drug testing, prevention programs, harm reduction, and many more. Register early for this unique chance to have your questions answered by a recognized leader in the addictions field!

**Spirituality in the Workplace: Making a Beginning Case for Addiction Recovery and Prevention***Roberta Rogers, AADAC Brooks Area Office*

Can spiritual workplaces help people in addiction recovery? Can they help reduce employee substance use? These are the questions participants will consider in this presentation. Taking into account social, economic and technological changes that have led people to search for spirituality, the presenter will argue that employers are in a key position to meet people's spiritual needs.

**Substance Abuse in the Workplace***Dr. Harold E. Hoffman*

This session will cover a number of issues central to developing and implementing a company policy for workplace substance abuse. Topics discussed will include drug testing, needs of employees and employers, recommendations in relation to work, and return-to-work issues.

**Substance Use and Gambling in the Alberta Workplace, 2002: A Replication Study***Eleanor Hamaluk, R. A. Malatest & Associates Ltd.*

In 2002, R. A. Malatest & Associates Ltd. was contracted by AADAC to undertake a replication of a 1992 study on substance use in Alberta's workforce. The 2002 study also included the prevalence and impact of gambling. This session will cover the methodology and results of this study, including changes in prevalence and use patterns since the 1992 study.

**Substance Use and Risk Behaviour as Related to Identity Development***Brenda Munro, University of Alberta, and Gerald Adams, University of Guelph*

In a 2001 survey of Alberta youth conducted by a team from the University of Alberta, the University of Guelph and AADAC, a correlation was found between identity styles and likelihood to engage in high risk behaviour. This presentation will review the results of that

survey.

### **Targeted Interventions and Activities for Youth That Actually Impact Tobacco Reduction**

*Anna White*

#### **Treating Gambling Problems: Different Strokes for Different Folks**

*Dr. Nady El-Guebaly, University of Calgary*

This session will present a stepwise approach to the management of problem gambling based on an assessment of individual needs, from preventive measures and minimal treatment to hospitalization. Psychotherapeutic and pharmacological approaches will be outlined.

#### **Treatment of Opioid Dependence in Alberta—Today and Tomorrow**

*Diane Lamb, Manager, AADAC Opioid Dependency Program*

AADAC's Opioid Dependency Program has been providing methadone maintenance treatment since 1971. Participants in this session will learn how new approaches, new medications and a new AADAC framework for service delivery will affect this rapidly changing, highly specialized area of addictions treatment in Alberta.

#### **Understanding the Experiences of Gay Men in Addiction Treatment: A Phenomenological Study**

*James Cullen, UCC Thompson Rivers University*

This session will present doctoral research exploring how gay men experience addiction treatment services, as well as research participant-generated recommendations intended to sensitize addiction treatment services to the needs of gay men.

#### **A Voluntary Tobacco Control Program in Residential Treatment**

*Gail Pesheau, AADAC Henwood Treatment Centre*

A counselling supervisor will describe the voluntary tobacco control program offered to clients at Henwood Treatment Centre. The program is based on the transtheoretical model of change.

#### **The Web at Work**

*Paul Burke, Paul Burke Training and Consulting Group*

Increasingly, health practitioners are observing negative consequences in some clients who demonstrate obsessive engagement with the Internet. This session will include a comparison of substance abuse and behavioural addictions, a brief discussion of the controversy over whether excessive Internet use constitutes true addiction, and an overview of implications for workplaces where employees use the Internet.

#### **Who Is the Client?**

*Mohammad Hasan, Project Co-ordinator, Concurrent Disorders, AADAC Residential Services*  
People who have addictions and mental health issues are often the most marginalized in our society. This workshop will provide an opportunity to learn about this population, the interrelationship between addictions and mental illness, and challenges faced by service providers. Participants will examine and practise the Concurrent Disorders Assessment Tool (CDA) developed by AADAC.

#### **Why Tobacco Reduction Is Your Problem Too**

*Lisa Christopher, Lynn Groves-Hautmann, AADAC Tobacco Reduction and Problem Gambling Unit, and Jack Adkins, AADAC Barrhead Area Office*

Despite relative social acceptance, tobacco use is the leading cause of preventable death and

disease in Alberta. Led by AADAC, the Alberta Tobacco Reduction Strategy (ATRS) is a comprehensive, collaborative approach to decreasing the harmful effects of tobacco use on Albertans. Participants in this session will learn about the development, current implementation and future of this strategy.

### **Youth Demonstration Project (Part 1)**

*Silvia Vajushi, AADAC Youth Services*

The Youth Demonstration Project selects and honours youth work delivered by AADAC staff and Funded Agencies. This 2-part presentation will review the project's intent and guiding principles, and how they affect the creative youth work implemented throughout Alberta. Project applicants will describe their projects, discuss their experiences, and answer questions.

### **Youth Demonstration Project (Part 2)**

*Silvia Vajushi, AADAC Youth Services*

The Youth Demonstration Project selects and honours youth work delivered by AADAC staff and Funded Agencies. This 2-part presentation will review the project's intent and guiding principles, and how they affect the creative youth work implemented throughout Alberta. Project applicants will describe their projects, discuss their experiences, and answer questions.

### **Youth Smoking Among Alberta Students in Grades 5 to 9**

*Allison L. McKinnon, AADAC Tobacco Research, Komali Naidoo, AADAC Tobacco Reduction and Problem Gambling Unit*

Statistics Canada conducted the 2002 Youth Smoking Survey (YSS) to provide current information on the smoking status and tobacco-related awareness, attitudes and behaviours among Canadian students in grades 5 to 9. This session will discuss this survey as it applies to the Alberta sample of students surveyed.

## **The Back Page**

### **AADAC RESOURCES**

#### **Manual discusses addiction and fitness for work**

How can you tell when an employee has a problem that is affecting fitness for work? When does an employee's problems with alcohol, other drugs or gambling become your problem? When should you take action? What action would be most effective and most ethical? Where can you get help, for yourself as the responsible person in the workplace and for the troubled employee? What can you do to prevent problems from arising in the first place? What is addiction? Are all problems with alcohol, other drugs and gambling addiction problems?

The **It's Our Business** manual for leaders can empower you, as a leader in the workplace, with the information you need. This well-organized binder offers clear information and advice in an easy-to-follow format.

To supplement the manual, AADAC offers three pamphlets to inform employees and enlist them as allies in creating a workplace that is free from the problems created by the abuse of alcohol, other drugs and gambling.

- *Is Drinking, Using Drugs or Gambling Affecting My Work?* helps employees to assess whether their work is being affected by their substance use or gambling and offers

suggestions on finding further help.

- *Someone at Work Has a Problem* guides employees in intervening with a co-worker who may have an alcohol, other drug or gambling problem by outlining workplace indicators and tips for a successful intervention.
- *What You Need to Know About Fitness for Work* outlines the concept of fitness for work, describing the ways in which gambling and the use of alcohol and other drugs affect fitness for work, what an employee can do to be fit for work, and what one can do when others are not fit for work.

This extensive, insightful and informative guide is an exceptional value at \$129 plus GST, shipping and handling. Albertans can order through their local AADAC office (under Alberta Alcohol and Drug Abuse Commission in your phone book). For those outside Alberta, please order using our online resource catalogue, or for more information phone toll-free 1-800-280-9616 or e-mail [rdm@aadac.gov.ab.ca](mailto:rdm@aadac.gov.ab.ca)

## UPCOMING

### **PAC: AADAC's Professional Addictions Conference**

Register today for Insight Into Addiction, AADAC's 2005 Professional Addictions Conference, running June 1 to June 3 at the Coast Terrace Inn in Edmonton, Alberta. Save \$75 (CAD) by registering before April 15. Over 70 concurrent sessions are offered, as well as keynote addresses on subjects that include tobacco reduction, concurrent disorders, addictions issues in the workplace, principles of effective treatment, and adventure-based therapy. Flexible registration options allow attendees to take in the entire conference, or register for select days. There will also be plenty of opportunity for professionals to meet over breakfast and lunch events to discuss conference streams and sessions.

Please visit our website for more conference registration information:  
<http://corp.aadac.com/pac/index.asp>

The PAC website will be updated regularly, with information on the conference itinerary, concurrent sessions, poster board presentations, and travel and accommodation.



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Suite 200, 10909 Jasper Avenue  
Edmonton, Alberta, Canada T5J 3M9

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